Passed March 1828

An Essay
on
Haemorrhoids
By Gideon G Palmer
Pennsylvania.
January 14th 1828.

Haemorrhoids.

A genus of disease in the class Pyrexia and order Haemorrhagiae of Cullen. This term strictly means, according to its etymology a flux of blood; but is understood to apply only to a flow of blood from the vessels of the rectum. It is familiarly known by the name of piles, which are small excrescences or tumours arising about the verge of the anus, or the inferior part of the intestinum rectum; and are known by the name of bleeding piles when there is a discharge of blood, particularly upon the patients going to stool; but when there is no discharge of blood the disease is known by the name of blind piles. They may also be internal, or external, according as they are situated within, or without the verge of the anus. They are occassioned by an anastomosis, or effusion of blood from the exhalents of the vessels of the intestinum rectum, and adjoining parts; and may proceed either

from general or local causes. among the first of these may be enumerated all the circumstances that tend to produce a fulness of the sanguineous vessels; and among the local causes an habitual costiveness, much purging, particularly with aloes, Colocynth, or any of the drastic purgatives, sedentary habits, amenorhoea, pregnancy, or whatever may interrupt a return of the blood, through the haem=-orhoidal vessels; hard riding on horseback, and the irritation of ascarides in the rectum has also been known to produce them. It may also be an hereditary disease, as a similarity in the consti=-tution of the parts may descend in a family, from parents to children. The intemperate and debauched are always very subject to haemorhoids.

It has been thought by some, and particularly by Stahl and his followers that males were afflicted with them more frequently than fem=-ales; but we believe the contrary to be true, in=

-asmuch as women are subject to pregnancy, and amenorhoea which as has been mentioned may tend to produce it. Singular as it may appear, it is sometimes noticed that the discharge from haem-orhoids observes a periodicity alternating with the menses. The disease is commonly attended, previous to the discharge or at the time; with a sense of pain and heaviness about the loins, nausea, giddiness, flatulency, and with a throbbing sensation in the tumours themselves; and on going to stool an agonizing pain is felt in the fundament, and small tumours are generally perceived to project be-yond its verge. If these break a quantity of blood is voided, and a considerable relief from pain is ob-tained; but if they continue unbroken the patient ex-periences great torture every time he goes to stool.

Treatment. In the treatment of haemorrhoids we must be influenced by the causes. Sometimes the haem-orhage is alarmingly profuse, and must be checked

as soon as possible. Cases are related which have proved fatal from the loss of blood in this disease and amongst these is enumerated that of Copernicus.

Hoffman relates the case of a female who lost an immense quantity of blood in twenty four hours, and there are other cases recorded in which the discharges have been exceedingly great. To check this profuse bleeding we resort to astringent and styptic injections, also to injections of very cold or iced water, or blow powdered charcoal, burnt cork, starch, or flour up the Rectum.

These failing we must resort to compression by means of a sponge tent, place the patient in a recumbent posture with the Pelvis considerably elevated.

Reasoning from analogy, we feel disposed to recommend active vomiting tho' we have never made a trial of its powers. When the bleeding vessels can be reached, we should pass a ligature around them, and tie them. In occult piles when the patient is of a plethoric habit, we employ venesection; and purging with

the mildest laxatives; as Sulphur, Magnesia, Manna &c. and then give twenty or thirty drops of the Spts. of Turpentine, or forty or fifty of the Balsam Copaiva. The two last mentioned articles, were the favourite remedies of Dr. Kuhn of Philadelphia. It may seem strange that we should direct these stimulating articles in this disease, but it is no more so than in inflamation of the urethra, in which they are daily directed.
They seem to act specifically in abating the inflamation of these parts and are certainly proper remedies.

To remove swelling and pain, we bleed topically by the application of leeches to the part. They have been condemned by many Surgeons of Europe, and also by Dr. Physick, on account of the irritation they produce when applied to the tumours themselves, but this may be obviated by applying them to the neighbouring parts. It has been recommended by some to puncture the tumours with a sharp lancet, and this will generally afford relief, but it does sometimes however

induce a very profuse haemorrhage. Anointing the parts with an unguent, prepared in the following manner has been found particularly servicable

℞. Hogs Lard ℥ij

Spermaceti ℥iij m.

add Goulards Extract ℥j

Laudanum ℥ij m. ft unguent.

2nd We may wash the parts with the following lotion

℞. Lead Water ℥viij

Laudanum ℥ss m.

Or any of the following applications may be found useful.

3rd Cataplasms of white bread, moistened with the preceeding lotion. - 4th Sitting over the steam of water.

5th Extract of Cicuta perfectly soft, rubbed on the tumour.

6th Embrocations with Strammonium; the narrow dock; or the elder ointment, is found very useful.

7th The application of a rotten apple; or sliced lemon; or the inner pulp of a gourd, or squash; has proved excellent in allaying the pain; also bathing the parts in

tepid vinegar and water, or lemon juice and water tepid. 8th Enemeta of 50 or 60 drops of Laudanum, or suppositories of opium put into the rectum. In this stage of the complaint we obtain considerable advantage and comfort to our patient, by keeping him perfectly at rest, and his hips somewhat elevated. 9th The tumours when brought down by going to stool should always be returned if practicable, by anointing the finger and pushing them in, and thereby prevent them from becoming strangulated.

The inflamed condition of the parts being overcome by some of these means, we may very properly make use of Wards Paste which is prepared in the following manner ℞. Black Pepper

Elecampane root a.a. ℥viij

Fennel seed ℥xxij

Honey & Loaf sugar a.a ℔j mix intimately in a mortar and form an electuary, the dose of which, is a piece the size of a nutmeg two or three times a day.

Although this may appear to be a stimulating prep=

-oration, still it is very proper, and was mostly relied on by Sir Astley Cooper. Cubebs are also, highly beneficial in doses of 15 or 20 grains, several times a day.

The local remedies after the inflamation is reduced, are; 1st Gall ointment, of double the strength directed in the pharmacopoeia. 2. Tar ointment is also very useful. 3. The parts may also be washed with tar water. 4. Compression by a conical tent kept in its place by the T bandage, or an external compress, or the rectum bougie, or a wax candle, or hard soap, or hard tallow properly shaped. Lastly when all other means have failed the tumours should be extirpated.

The constitutional treatment is essentially the same as in the other haemorrhagies; such as bleeding, laxatives, refrigerants, rest, low diet, cool and acidulated drinks &c.

And what may appear very singular, exercise on horseback, although enumerated as one of the causes of the haemorrhoids, has been found extremely beneficial in their cure in this stage of the disease; but it should be used with care and moderation.

It has been made a question how far it was proper to attempt a cure of the piles, as it is contended the discharge is a healthy one. This opinion has been especially maintained by Dr. Stahl and his followers, and has had a great deal of influence, upon the practice in the treatment of this disease. That it is sometimes salutary cannot be denied, particularly with persons of a plethoric habit; and in such cases it is very improper to interfere, unless the discharge should become very profuse, and endanger the patients life. When the discharge has been injudiciously checked, it may commonly be restored by using the preparations of aloes, and Colocynth, or its bad effects may be prevented, by the application of leeches, in the neighbourhood of the anus.

The relief in fevers, cerebral affections, and visceral obstructions, by the appearance of piles is truly astonishing; and seems to be produced by a revulsion in the circulating fluid. That they do not produce this by the loss of blood merely, is proved by the fact, that the blind

piles are hardly less effectual than the bleeding ones.

Although the haemorrhoids may thus prove salutary, still we should use every means to bring about a cure if at all admissible, as the effects produced by them are much to be deprecated. Among the effects arising from them, may be enumerated fistulae in ano, dyspepsia, head ache, vertigo, fetid breath, panting, debility, emaciation, and consumption. When the haemorrhoids are checked, it may be proper to establish a counter discharge as a precautionary measure. When consumption seems to be coming on, the piles must be at once cured by a surgi=cal operation. This is the treatment that has been recom=mended by Professor Chapman; and we will also add that Professor Gibson among other local applications, recom=mends a poultice made of the pulp of the green persimmon, and also a decoction of the bark of the persimmon tree.

And Dr. Dorsey in his elements of surgery, says; an oint=ment formed of white lead mixed into a paste with laud=anum, and then incorporated with simple cerate, has pro=

=ved eminently servicable in allaying pain, and effecting a cure of the piles. In Thomas' practice, there is a case related, as reported by Dr. M'Lean; of a violent external and internal haemorrhoidal affection, which had resisted almost every other plan of treatment for several weeks, and was relieved almost instantaneously by giving the patient, forty drops of the tinctura digitalis; and that a rapid recovery was effected by repeating thirty five drops, every morning and evening.

We come now to the surgical operation for the extirpation of piles; and in speaking of this, we think all that is necessary to be said of the actual cautery, and caustics as practised by the old surgeons, is that they are now with great propriety, entirely relinquished by the modern practitioners. The only practice ever followed in the present state of surgery is, either to cut the tumours off with a pair of scissars, or knife, or to apply a tight ligature round their bases, so as to make them slough away.

Mr. Ware remarks that though the number of haemor=

=rhoidal tumours protruded through the anus is sometimes considerable, yet the pain which the patient suffers, is gen=
=erally produced by one or two of the tumours; which he will mostly point out. These will be found to be much harder, and more inflamed than the rest, but generally smaller. Hence Mr. Ware contends that it is not necessary to remove the whole of the tumours; but direct our attention to the hard inflamed ones, which are the cause of the pain; and which are not unfrequently situated in the centre of the others. The removal of them, almost instantly abates the pain, and soon causes the rest of the tumours to collapse and disappear. Mr. Ware's manner of operating is as follows; having secured with a common dissecting hook, or forceps, the little hard tumour, which is generally of a much darker colour than the rest, he cuts it off as close to its basis as possible, with a pair of smale curved scis=
=sars. He says the pain is so trifling, and the haemorrh=
=age so slight, that he has rarely found it necessary to use any application to check it. But he recommends

that after the operation, we should apply a thick com=
=press, wet either with cold brandy and water, or with
a cold saturnine lotion, and retained on the part with
a T bandage, and keep the patient quiet, and in a
cool temperature, and not allow him to eat or dri=
=nk any thing of a stimulating quality.

The method of operating for piles recommended by
Mr. Abernethy, is similar in every respect to the one
just detailed, and will not therefore require any par=
=ticular account. Mr. Benjamin Bell says; when a
haemorrhoidal tumour is attached by a small base it
has been advised to remove it by a ligature, and when
it adheres by an extensive surface, we are desired to dis=
=sect it off with a scalpel. The very reverse however
he says, should be adopted; for when the tumours are sm=
=all and adhere by narrow necks, and we have no rea=
=son to dread any haemorrhage that may ensue; we
should prefer the scalpel as being the easiest and most
expeditious method of finishing the operation; but when

they are large, and we have reason to suspect much haemorrhage, we should use a needle armed with two firm waxed ligatures, to be introduced through the middle of the base of the tumour, and the ends of each ligature to be tied firmly around one half of the tumour. He says, if the ligatures have been properly applied the tumour will commonly fall off in three days, and in some instances they drop off in twenty four hours. The excision of piles is occasionally followed by a very dangerous haemorrhage. A case is related by M. Petit, of a patient who laboured under internal piles, but they had become protruded and were supposed to be external. They were extirpated, and the skin was immediately drawn inward, which was followed by a haemorrhage that could not be suppressed, and prov=ed fatal in less than five hours.

According to Mr. Earle's account Mr. Pott always pre=fered the ligature to the knife. When the base of the haemorrhoidal tumour was small, he passed the liga=

=ature round the whole of it, but when the base was exten=
=ded, he used the needle and ligature in the manner
already described, being at the same time, particularly
careful to discriminate between the true skin and the
tumour.

For the removal of haemorrhoidal tumours, Professor
Gibson recommends the instrument first suggested
by Professor Physick, for the removal of enlarged ton=
=sils. This consists of a double cannula about four
inches long, (which should however be reduced to
two inches in this case,) and a peice of soft, flexible, iron
wire, one end of which is to be secured to an arm of
the cannula, while the other projects four or five in=
=ches beyond the end of the opposite barrel; the wire
having been previously passed through each barrel
of the cannula, forming a loop at one end.

The cannula being thus armed, the loop of wire is
spread out to a sufficient extent to pass over the tu=
=mour, and should be bent a little to one side, that it

may with greater facility be applied to its base.

Having applied the loop of the wire around the base of a tumour, we hold it steadily in its place; and then with a pair of pliers, or forceps, the lose end of the wire is taken hold of, and drawn as firm=ly as posible, and secured by wrapping it round the remaining arm of the cannula.

The wire thus applied should be suffered to re=main on twenty four, or thirty hours, and then removed, and in a few days the tumour will drop off. and in this manner we may remove any num=ber of them, that may be found necessary; never however enclosing more than one in the wire at the same time

This manner of operating appears to be equal; if not superior to any that we are acquainted with.